Substance Abuse

The relationships between substance abuse and other health issues are well-established in research literature. In the absence of substance abuse, the rates of motor vehicle accidents, chronic illnesses such as heart disease, respiratory disorders, and diabetes, and the spread of infectious diseases such as HIV and Hepatitis would drop significantly. The costs of addiction are not only related to health factors.

In Maine, it is estimated that substance abuse accounts for over one billion dollars a year in lost wages, medical expenses, social services and criminal justice expenditures. A substantial reduction in substance abuse has far-reaching benefits for all aspects of personal, family and community health.

Contact: Kimberly Johnson
Office of Substance Abuse
Department of Mental Health, Mental Retardation and Substance Abuse Services
Telephone: (207) 287-6344
kimberly.johnson@state.me.us

Healthy Maine 2000 Goal

Reduce Morbidity and Mortality from Alcohol and Other Drugs Through Change in the Social and Cultural Climate

Overview

The work of the Office of Substance Abuse currently addresses drug and alcohol addiction from several different angles. First, we track changing patterns of substance use and abuse through data collection. Second, we fund services for substance abusers and their families and provide intervention services for adults convicted of driving while impaired and youth who have been involved in the juvenile justice system for substance-related offenses. Third, we provide public education and prevention programs for all age groups, with a special focus on children and adolescents.

Our collective goal for optimum health and wellness for all Maine residents cannot be realized without achieving two primary objectives: 1) the provision of effective and accessible treatment to every person with a substance addiction, and 2) a change in common knowledge, attitudes and behaviors regarding substance use and abuse. Improved treatment capacity can reduce the suffering of individuals and families already dealing with addiction. However, long-term impact on the overall pattern of alcohol and other drug use and abuse will only occur through collaboration across community, legal, educational and health sectors. Our educational focus will be to shift the public consciousness from one of glamorization and permissiveness re: substance use, to one that promotes informed personal responsibility and community support.

The recent disbursement of tobacco settlement monies will be well-utilized in fueling a sustained anti-drug campaign with longer lasting effects.

New and Emerging Trends

The attention given to substance abuse problems has waxed and waned over the past two decades, with correlating statistics regarding use and abuse. This was the case in the 1980s, when being in recovery from drug and alcohol addiction was "the new hip thing," especially among national celebrities. In 1989, a strong national and local prevention effort led to significant reductions in adolescent use of illegal drugs, which translated into a public perception that the problem had been solved. Intensive prevention campaigns were abandoned, and the loss of momentum once again led to glamorization of drug use in the 1990s, with state cuts in funding in 1992, 1996 and 1997. Concurrently, dangerous drugs of the sixties and seventies, such as heroin, resurfaced as drugs of choice for youth.

Since 1997, national attention has turned once again toward preventing adolescent experimentation with drugs. New government-media partnerships have developed anti-drug messages in a three billion dollar media campaign. In Maine, we are seeing increased media coverage of alcohol and heroin addictions. Once again, the powerful influence of media has shifted the public perception of what is normal or stylish, creating a positive climate for reduced drug use trends. Educational campaigns have been augmented by research conducted in the past decade, which has given some clues regarding how to best prevent or delay initial substance use among adolescents. The recent disbursement of tobacco settlement monies will be well-utilized in fueling a sustained anti-drug campaign with longer lasting effects.

In terms of substance abuse treatment, success rates for long-term recovery have been mixed at best. However, expansion of research in the areas of addiction's etiology and effective treatment is bringing new hope for early identification of risk factors and successful intervention. Knowledge of

the relationship between genetics, brain chemistry and addiction increases almost daily. We now know that addiction is a chronic disease with genetic factors which influence the amount and duration of use an individual can tolerate before becoming addicted. We are exploring the neural pathways associated with euphoria and intoxication, shedding light on the psychobiology of addiction. In time, these discoveries will lead us closer to finding a cure for a disease which was once seen as incurable by many subject matter experts.

Success in meeting the Healthy Maine goals developed in 1990 is difficult to evaluate, given the somewhat contradictory data. We have increased the number of admissions for substance abuse treatment in all of the categories which were targeted in 1990, yet drug-related deaths have increased by 30%. Have treatment efforts failed, or has public and professional education led to increased identification of substance abuse as a factor of death, especially among the growing senior population? These are questions that must be closely examined if our efforts are to be more successful for future generations.

We now know that addiction is a chronic disease with genetic factors which influence the amount and duration of use an individual can tolerate before becoming addicted.

Work against substance abuse must be given consistent focus and prioritization.

Future Direction

Work against substance abuse must be given consistent focus and prioritization. Careful consideration should be given to both our failures and our successes. The success of anti-tobacco campaigns holds some valuable lessons for reducing the use of alcohol and other drugs. One lesson is that social disapproval is a powerful deterrent, especially among youth and adolescents.

If we have learned anything from the up and down trends of the past three decades, it is that education, outreach, and treatment efforts must be sustained or their impact will be short-lived. Through effective collaboration, the people of Maine can use their collective knowledge, experience, and commitment to reach all of the goals set for Healthy Maine 2000.

Healthy Maine 2000 Objectives

Objectives established to reduce morbidity and mortality from alcohol and other drugs through change in the social and cultural climate

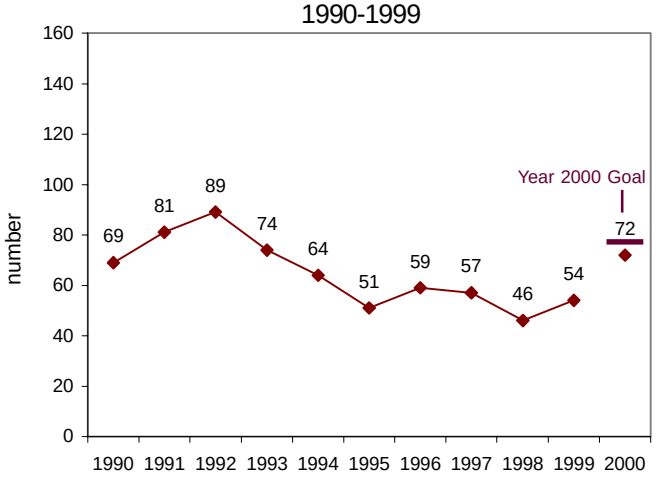
Health Status Objective

Reduce the number of alcohol related motor vehicle fatalities to no more than 72 by the year 2000.

Maine 1990 Baseline: 69 Alcohol-Related MV Deaths
Most Recent Data: 54 Alcohol-Related MV Deaths

Due to the concerted efforts mentioned earlier, we were successful in meeting this goal. We must continue to provide public education on the dangers of drinking and driving and support risk reduction efforts like Tipsy Taxi in order to assure continued progress in this objective. Now is not a time to reduce this effort, but a time to increase our public education campaign in order to sustain the positive momentum.

Alcohol-Related Motor Vehicle Fatalities in Maine 1990-1999



Source: Maine Department of Mental Health, Mental Retardation, and Office of Substance Abuse

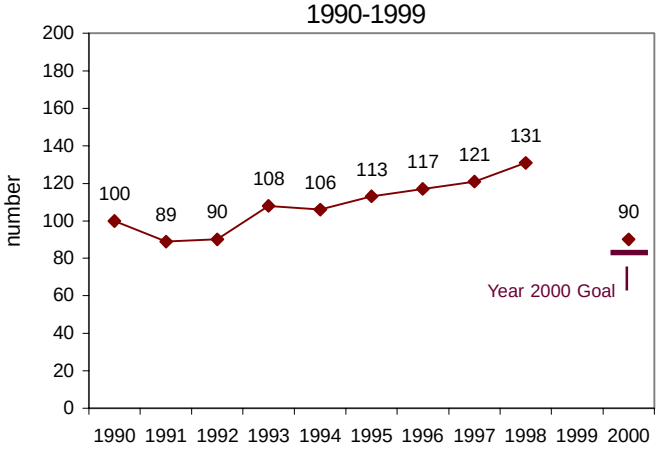
Health Status Objective

Reduce alcohol and other drug related deaths by 10% in the year 2000.

Maine 1990 Baseline: 100 Deaths
Most Recent Data: 131 Deaths

By outward appearance, we have failed dismally on this objective as drug related deaths have increased by 30%. As reported earlier this may be due to better reporting which would, in fact, be a positive outcome related to public education. This may also be due to changing demographics.

Alcohol And Other Drug-Related Deaths in Maine 1990-1999



Source: Maine Department of Mental Health, Mental Retardation, and Office of Substance Abuse

Healthy Maine 2000 Objectives

Objectives established to reduce morbidity and mortality from alcohol and other drugs through change in the social and cultural climate

Health Status Objective

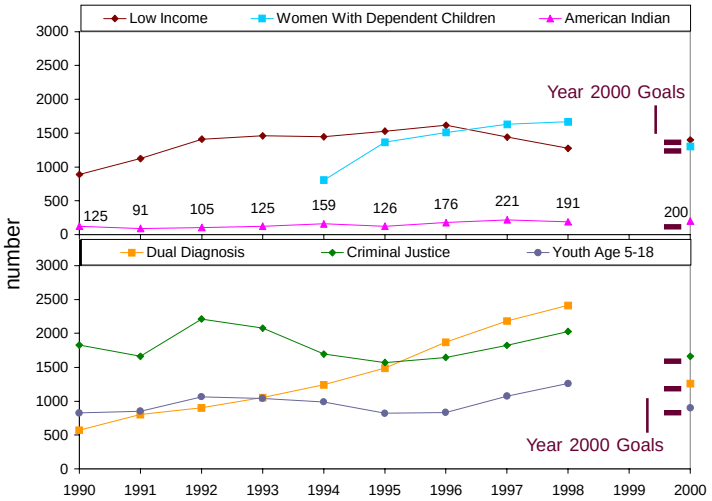
Increase by 10% the number of admissions to OSA funded programs from minority populations that need substance abuse treatment

Due to changing programming, (in order to target pregnant women and women with children, people with both mental health and substance abuse problems and adolescents), we have increased well beyond our goals the number of these populations entering treatment. During the past decade, there has been a national effort to convict people of drug related crimes, with mandatory sentencing laws and increased numbers of police officers. As a result, the number of people who are in prison or on probation because of drug related crimes has dramatically risen; therefore, the number of people served from the criminal justice population has increased dramatically as well. In 1997, in recognition of the growing percentage of alcoholics and addicts in the prison population, we began to design programs which would work for prisoners, both in the prison and after release from jail. Our intent is to decrease recidivism due to substance abuse.

We have not successfully increased the number of American Indians who enter treatment, despite our knowledge of a desperate need for increased services to this population. We must make a greater effort in the future to better understand this cultural context and create programs which will bring American Indians into treatment and be effective for them.

Two factors affect the decrease in low income people served. The first is the rebound in the economy. The percentage of people who are classified as very low income has shrunk in many parts of the state. The second factor affecting our ability to serve low income people was the previously cited set of funding cuts, which led to a decrease in the percentage of low income people in treatment.

Admissions to OSA Funded Programs
From Various Minority Populations
1990-1999



Source: Maine Department of Mental Health, Mental Retardation, and Office of Substance Abuse

Healthy Maine 2000 Objectives

Objectives established to reduce morbidity and mortality from alcohol and other drugs through change in the social and cultural climate

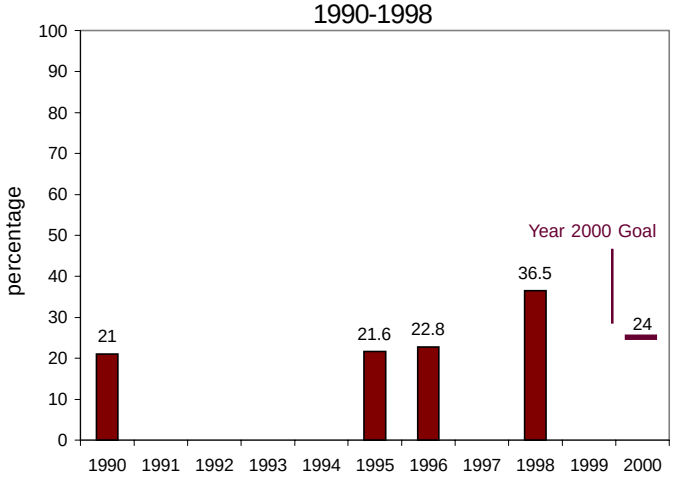
Health Status Objective

Increase to 24% the proportion of ninth graders who have never drunk alcohol.

Maine 1990 Baseline: 21%
Most Recent Data: 36.5%

We succeeded on this objective for several years, but changing social norms mid-decade have brought the number back up to 36.5%. We need to redouble our efforts using what we have learned in the prevention field and working in conjunction with the national media campaign. We have begun several local underage drinking initiatives which should bear fruit by 2002. If these initiatives prove successful, we will expand them to include other communities throughout the state.

Proportion of Maine Ninth Graders
Who Have Never Drunk Alcohol
1990-1998



Source: Maine Department of Mental Health, Mental Retardation, and Office of Substance Abuse

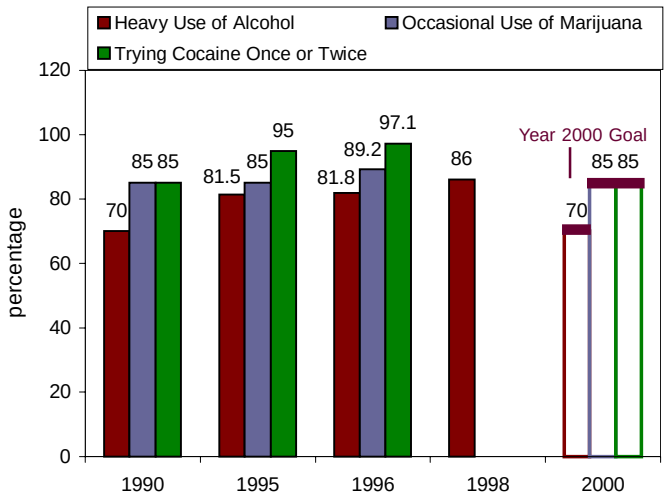
Health Status Objective

Increase the proportion of high school seniors who perceive social disapproval associated with heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine.

We have succeeded in this objective. We need to work more on changing behavior, as well as perception, in the coming years. We have not succeeded in decreasing actual use by adolescents to the levels we had hoped. Social norms, which in this electronic age are often set nationally rather than locally, changed during this decade -- in ways we could not have predicted in 1990 -- to favor use of alcohol and illegal drugs.

Maine needs to direct more attention in the coming decade to the problems of alcohol and other drug abuse. We have been extremely successful in decreasing drinking and driving. We must use a similar effort to address the actual use and abuse of alcohol and other drugs. Since 1998, there has been increased attention paid to this critical problem. Because accidents and chronic disease, as well as the only infectious diseases which are still difficult to control and treat today (HIV, Hepatitis, TB) are often caused, spread, or exacerbated by substance abuse, we must set new goals and place renewed attention on solving this public health threat. Fortunately, tobacco settlement allocations give us new opportunites to address substance abuse in Maine.

Proportion of Maine High School Seniors
Who Perceive Social Disapproval
Associated With Certain Activities
1990-1998



Source: Maine Department of Mental Health, Mental Retardation, and Office of Substance Abuse